GONORRHEA INTERVIEWING AND FOLLOW-UP

The amount of gonorrhea case interviewing for identification of sexual contacts is insufficient to affect the size of the disease reservoir. Too few of the reported patients are educated to the reasons for follow-up or the complications that can occur with incomplete follow-up. For example, Pelvic Inflammatory Disease (PID) is grossly misunderstood by the average patient.

Neither the state or local health departments have the manpower to always provide the necessary gonorrhea case follow-up. The physician in private practice has a similar problem. He is usually short on time and almost never able to go outside his office except by phone for follow-up of case contacts.

In an attempt to aid health care providers in their gonorrhea follow-up obligations, a self-interview-referral format has been developed. The format, selected by the major health departments, will soon be printed and distributed for use. The self-interview-referral document is to be given to all gonorrhea patients.

Any reader who would like to know more about the use of the gonorrhea self-interview-referral system can obtain earliest consideration by writing to:

Charles D. Bean
V.D. Control Program
Preventive Health Services Bureau
Cogswell Building
Helena, Montana 59620

All patients diagnosed as having a Sexually Transmitted Disease (STD) should be educated and motivated to help control the problem. They should notify their sexual contacts and motivate those contacts to seek early diagnosis and treatment. It is with this self-referral concept in mind that we ask all clinicians and physicians who are treating gonorrhea cases to motivate these cases to refer their sexual contacts as soon as possible.

Time frames for contact referrals are:

1. Females with gonorrhea should notify and refer all sexual contacts for a period of 30 days prior to the onset of symptoms or date of diagnosis.
2. Symptomatic males with gonorrhea should notify and refer their sex partners for 10 days prior to the onset of the first symptoms.
3. Asymptomatic males with gonorrhea should notify and refer all sex partners for at least 20 days prior to diagnosis or 10 days prior to any symptoms onset in the past that has since subsided.

Motivation factors for patients may include:

1. Explanation of the seriousness of the disease if untreated (P.I.D., strictures, arthritis, ophthlamia neonatorum)
2. The possibility of asymptomatic disease until complications suddenly appear.
3. The likelihood of reinfection of the patient, if sexual consorts are not diagnosed and treated.

Thank you for your cooperation in controlling this serious communicable disease.

ANDERSON STATE EPIDEMIOLOGIST

John S. Anderson, M.D., will be Acting Chief of the Preventive Health Services Bureau in addition to Administrator of Health Services Division. Acting as Chief of Preventive Health Services Bureau includes the responsibility of being State Epidemiologist.

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JAN. 1981

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels															
	Phillips										1					1
	Roosevelt															1
	Sheridan															
	Valley															3
DISTRICT 2	Dawson												1			1
	Garfield															
	McCone															
	Prairie															
	Richland															
	Wibaux															
DISTRICT 3	Carter										1					
	Custer															3
	Fallon															
	Powder River															
	Rosebud				2											4
	Treasure															
DIST. 4	Blaine										1					1
	Hill															3
	Liberty			1												
DISTRICT 5	Cascade	1				1		1							1	9
	Chouteau															2
	Glacier			1											3	3
	Pondera															1
	Teton															
	Toole															
DISTRICT 6	Fergus															1
	Golden Valley															
	Judith Basin										1					
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1											3
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone					1										20
DIST. 8	Broadwater															
	Jefferson			1												
	Lewis & Clark														1	7
DIST. 9	Gallatin				1											5
	Meagher															
	Park												1			
DISTRICT 10	Flathead										1					1
	Lake			3									7			
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula															12
	Ravalli															1
DISTRICT 12	Beaverhead															
	Deer Lodge															4
	Granite															
	Madison															
	Powell												1			1
	Silver Bow				1	1							1		1	3
MONTHLY TOTAL	19 81	1		6	5	3		1			5		11		6	90
	19 80			2	15	1		1	15	2			2	5	2	103
	19 79	1	1	3	26	1	11	2	4	2		10	7	4	3	220
TOTAL TO DATE	19															
	19															
	19															

DELAYED REPORTS:

OTHER DISEASES:

1 Bacterial meningitis - Missoula
1 Tularemia - Yellowstone
2 PPNG - 1 Cascade; 1 Yellowstone
1 Sec. Syphilis - Military Cascade
3 Early Latent Syphilis - 1 Mil.Cascade; 2 Cascade

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MONTANA'S ("NEW" AND IMPROVED) SCHOOL IMMUNIZATION LAW

The 1981 Montana Legislature has passed Senate Bill 58, which has the primary effect of repealing the "failure to act" amendment in the current law and, thus, eliminating the "Administrative Exemption" as an option to immunization.

It became obvious that it would be necessary to draft SB 58 when reports indicated that as many as 25% of the schools were reporting over 10% of their pupils as Administrative Exemptions. It was apparent that this exemption was being abused, and that the intent of the law was not being met.

SB 58 received overwhelming and widespread support. Proponents of the bill included: Montana Medical Association, Academy of Pediatrics, Montana Education Association, State Board of Public Education, Parent Teachers Association, School Nurse Interest Group, Association of Local Health Departments, etc.

In addition to eliminating the Administrative Exemption, SB 58 also establishes a 30-calendar day "grace period" for transfer students who do not have immunization documentation at the time of enrollment in the new school.

The "new" law becomes effective July 1, 1981. It will not be permissable for any child to be in school with an Administrative Exemption once the 1981 - 1982 school year commences.

SB 58 places the responsibility squarely on the parents for either (1) insuring the immunization and documentation of their children, or (2) claiming the appropriate exemption (medical, religious, or personal). It will be the school official's responsibility to advise this Department/Bureau and the local health department immediately of any parents who refuse to comply with the law. It will then be the responsibility of either this Department or the local health department to initiate legal action.

A public hearing will be scheduled for receiving and discussing comments regarding the Rules which will be drafted by this Department relating to the revised parts of the law. The soonest a hearing can be held is the early part of June. Some of the forms to be used for implementing the law will also require revision so as to be compatible with the law changes.

As with most new laws, the first couple of years following enactment are the most difficult. But, if a little extra effort is expended now, we will all be rewarded in the near future with healthier children, less work, and much less confusion.

The Immunization Program will be promoting the law and the need for immunization between now and the beginning of the 1981-1982 school year. If you have any questions or comments, please call Mr. Rick Crankshaw, Coordinator, Montana Immunization Program, 449-2645.

REFUGEES

Sixteen unexplained deaths of Hmong refugees have been reported from throughout the U.S. Aged 21-50, the 15 males and 1 female were all believed to be in good health immediately before death. Post-morten examination has failed to reveal a specific cause of death. Private physicians and local health departments are urged to report the sudden unexplained death of any Laotian, Cambodian or Vietnamese immigrant to Preventive Health Services Bureau, 449-2645.

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DISTRICT 1	Daniels										3					
	Phillips										6					1
	Roosevelt														1	7
	Sheridan										1					
	Valley															
DISTRICT 2	Dawson															
	Garfield															
	McCone															
	Prairie															1
	Richland															
	Wibaux															
DISTRICT 3	Carter															
	Custer															1
	Fallon										1					
	Powder River															
	Rosebud					2										4
	Treasure															
DIST. 4	Blaine														3	
	Hill												1			1
	Liberty															
DISTRICT 5	Cascade				1				1							9
	Chouteau				1											
	Glacier			1												8
	Pondera															
	Teton															1
	Toole															
DISTRICT 6	Fergus															1
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															4
	Carbon			5												
	Stillwater															
	Sweet Grass															
	Yellowstone			1	2	1							4		1	26
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark															10
DIST. 9	Gallatin											1				8
	Meagher															
	Park															
DISTRICT 10	Flathead										2					5
	Lake			1					2				1		1	2
	Lincoln					1										
	Sanders															1
DIST. 11	Mineral															
	Missoula															26
	Ravalli			3												1
DISTRICT 12	Beaverhead															
	Deer Lodge															3
	Granite															
	Madison															
	Powell															
	Silver Bow															4
MONTHLY TOTAL	19 81			11	4	4			3		13	1	6		6	124
	19 80	1		6	29	1			4	1	1	2	6	4	3	149
	19 79	1		8	17	6	2		1	2		8	3	2	2	133
TOTAL TO DATE	19 81	1		21	13	7		1		3	23	1	20		12	257
	19 80	1		8	44	1		1	19	1	1		7	9	5	235
	19 79	1		11	43	7	13	2	5	4		18	10	6	5	363

DELAYED REPORTS:
2 Hepatitis A - 1 Lake; 1 Yellowstone

OTHER DISEASES:
1 Diptheria - Big Horn County
2 Salmonella typhi - 1 Missoula; 1 Lewis & Clark
1 Botulism - Ravalli
1 Legionaires - Missoula

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PHSB-3010-201 Volume: 5:4 Month of: MARCH 1981

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DISTRICT 1	Daniels										1					
	Phillips															2
	Roosevelt										1				3	3
	Sheridan															
	Valley				1											3
DISTRICT 2	Dawson				1											1
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															1
	Fallon															
	Powder River															
	Rosebud				1											2
	Treasure															
DIST. 4	Blaine															2
	Hill										1					3
	Liberty															
DISTRICT 5	Cascade															12
	Chouteau															
	Glacier															
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus														1	
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															5
	Carbon															1
	Stillwater															
	Sweet Grass															
	Yellowstone				6			1					1			27
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark															5
DIST. 9	Gallatin															5
	Meagher															
	Park															2
DISTRICT 10	Flathead				3										1	
	Lake			3												
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula			3	1								3	2		
	Ravalli				1											
DISTRICT 12	Beaverhead															
	Deer Lodge															1
	Granite															
	Madison															1
	Powell															1
	Silver Bow			4									1			2
MONTHLY TOTAL	1981			10	14			1			3		5	2	5	80
	1980		1	1	15	4	1		12		2	1	4	2		98
	1979			5	2	1	9			1	1	11	4			153
TOTAL TO DATE	1981	1		31	26	8		2	3		26	1	25	3	17	353
	1980	1	1	12	59		1	1	31	1	3	1	11	11	8	333
	1979	2		16	45	8	22	2	5	5	1	29	14	6	5	516

DELAYED REPORTS:

1 Hepatitis A- Silver Bow (11-12-80)
1 Hepatitis B- Lewis & Clark (12-16-80)
1 Salmonella - Richland (11-80)
1 Toxic Shock - Missoula (1980)

OTHER DISEASES:

1 Amebiasis - Lewis & Clark; 3 Bacterial Meningitis - 1 Park; 1 Madison; 1 Gallatin; 1 Reye's Syndrome - Gallatin

SHELVED WITH PERIODICALS

As summer approaches the potential for vector borne disease increases. From May to October, arbovirus infections are to be considered as a possible cause of CNS pathology or severe febrile illness. Documented cases of St. Louis encephalitis (SLE) and western equine encephalitis (WEE) have been recorded in Montana in past years. Sero-surveys have suggested approximately 25% of Montana citizens may carry antibodies indicative of clinical or subclinical infection by one of the arbovirus.

This year, for the first time, the Montana State Department of Health laboratory will have the capability to do arbovirus HAI testing. Physicians are urged to submit specimens for all patients presenting with CNS pathology or severe febrile disease. Paired serum specimens should be submitted. The convalescent specimen is to be collected 2½ to 3 weeks after the specimen drawn during the acute illness. Pertinent information about the case noted on the request slip, guides the laboratory personnel in choosing the appropriate tests. Serologic tests for herpes simplex encephalitis will be routinely run on all serum specimens from persons with CNS pathology. If mumps becomes prevalent, testing will also be done for that virus. Serum specimens should be submitted in regular virus and rickettsia examination mailers.

If enterovirus is suspected as the cause of meningitis, stool and cerebrospinal fluid specimens should be submitted as well as serum. Specimens submitted early in the course of disease produce the highest rate of return. It is more likely the virus will be viable making definitive diagnosis possible. The physician will be given all preliminary information on the causitive organism as soon as it is detected in cell culture. Identification will follow.

Stools should be submitted within one week of disease onset; throat swabs and CSF within 3 days of onset. All specimens for virus isolation should be kept cold with wet ice or cold packs and sent in styrofoam boxes to the virus lab in the quickest way possible - personal delivery, bus, first class mail, etc.

Questions regarding laboratory services for definitive diagnosis of central nervous system pathology should be directed to the following person:

Jim Brinker
Virology Lab
MSDHES
Cogswell Building
Helena, MT 59620
Phone: 449-2642

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ANTIBIOTIC CONFERENCE

The subject of reviewing and encouraging appropriate antibiotic usage in hospitals will be the topic of a third national conference:

"ANTIBIOTIC REVIEW - 1981
Strategies for an Effective Program"
Sheraton Washington Hotel, Washington, D.C.
August 10-11, 1981

For more information contact:

Sandy McMillan
Suite 221-J
67 Peachtree Park Drive
Atlanta, GA 30309

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PHSB-3010-201 **Volume:** 5:5 **Month of:** April 1981

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DISTRICT 1	Daniels										2					
	Phillips										2					1
	Roosevelt										3				1	7
	Sheridan										2					
	Valley										1					2
DISTRICT 2	Dawson															1
	Garfield															
	McCone															
	Prairie															
	Richland												1			
	Wibaux															
DISTRICT 3	Carter										1					
	Custer															2
	Fallon															
	Powder River										1					
	Rosebud															10
	Treasure															
DIST. 4	Blaine															6
	Hill			3												1
	Liberty															
DISTRICT 5	Cascade				1								3			10
	Chouteau	1														
	Glacier														2	6
	Pondera			1												
	Teton										1					
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin										1					
	Musselshell												1			
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn					1										1
	Carbon															
	Stillwater															1
	Sweet Grass															
	Yellowstone															28
DIST. 8	Broadwater															
	Jefferson			1												
	Lewis & Clark			1	1											10
DIST. 9	Gallatin									1						5
	Meagher															
	Park															
DISTRICT 10	Flathead							1								3
	Lake			1												3
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula			5									3	1	2	13
	Ravalli				1											1
DISTRICT 12	Beaverhead												1			
	Deer Lodge															1
	Granite															
	Madison															
	Powell															
	Silver Bow			7												6
MONTHLY TOTAL	19 81			19	3	1		1		1	14		9	1	5	118
	19 80	1	1	1	15	1			9			2	8		3	105
	19 79		1	6	4		21	2		1	1	12	6	25	6	147
TOTAL TO DATE	19 81	1		47	27	8		3	3		38	1	34	4	19	440
	19 80	2	2	13	74	6	1	1	40	1	3	3	19	11	11	438
	19 79	2	1	22	49	8	43	4	5	6	2	40	20	31	11	663

DELAYED REPORTS:

Delete - 2 TB - Fergus(March) & Silver Bow (January)

Delete - 1 Syphilis(Feb)

Delayed - 45 Gonorrhea (2-Cascade;9-Flathead; 2-Glacier; 5-Lake; 1-Lincoln; 25-Missoula; 1 Ravalli)(March); 7 Syphilis- 3(Jan.); 4(March)

OTHER DISEASES:

2 Amebiasis - Pondera; 2 Bacterial Meningitis- Sheridan & Lewis & Clark; 4 Colorado Tick Fever 2 Missoula; 2 Ravalli; 1 Tularemia - Big Horn

PREVENTIVE THERAPY FOR TUBERCULOSIS

The incidence of new tuberculosis disease cases in Montana was lower in 1980 than any previous year of reporting. The identification of and treatment of TB infected persons (preventive therapy) has contributed to the lowered incidence of disease cases.

Persons identified as positive skin test reactors given INH, rarely develop active disease. Over 15 years of follow-up for persons given preventive therapy has revealed no delayed deleterious effects.

Concern about INH associated liver damage has prompted some clinicians to not prescribe INH. At the time of greatest concern about this phenomenon (late 1960), clinical trial data was not available. The concern was prompted by several reported cases. Now that clinical trial data is available the concern about hepatic dysfunction can be considered more scientifically.

> It is now apparent that mild hepatic dysfunction evidenced by elevation of serum aminotransferase (transaminase) activity, occurs in 10 to 20 percent of persons taking INH. This abnormality usually occurs in the first 4 to 6 months of treatment but can occur at any time during therapy. In most instances, enzyme levels return to normal with no necessity to discontinue medication. In occasional instances, progressive liver damage occurs and presents symptoms; the drug should be discontinued immediately in these cases. The frequency of progressive liver damage increases with age. It is rare in individuals under age 20. The observed frequency in other age groups is as follows: ages 20-34; up to 0.3 percent; ages 35-49, up to 1.2 percnet; 50 years and more, up to 2.3 percent.

Persons receiving INH should be clinically evaluated on a monthly basis during INH therapy. Objective signs of icterus, elevated temperature, rash or dark urine should be noted. The persons should be questioned for symptoms of gastrointestinal disturbances, fatigue, weakness or paresthesia of extremities.

> Every positive tuberculin skin test reactor is at some risk of developing tuberculous disease and can benefit from preventive therapy. Since the risk of developing disease is lifelong, the benefit from preventive therapy is greater the younger the age and the life expectancy. Hepatitis, the most serious complication of INH therapy, increases with age. The risk of hepatitis is exceedingly low in the less than age 20 group and reaches a peak among persons more than 50 years of age.

The chance of developing active TB disease must be considered for each person having a positive skin test. A chest x-ray and clinical work-up must be done to rule out active disease. Unless liver dysfunction is already present, most persons are at more risk from the TB infection developing into disease than developing liver dysfunction during the one year of INH therapy.

[1] MMWR: Vol. 24 No. 8, 1975

PHYSICIAN'S WORKSHOP - TB

Center for Disease Control has personnel available to travel to various states for presentations of workshops. CDC TB program personnel would be interested in presenting a physician's workshop here in Montana. If you are interested in attending a TB update course at some time in the future, please let Lyn Olsen, TB registry clerk, know by calling 449-4740.

NEW PHONE NUMBER

Preventive Health Services Bureau has moved to the Cogswell Building within the capitol complex. The address will remain the same; St. Health Department, Cogswell Building, Helena, Montana 59620. The phone number is changed though to 449-4740.

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PHSB-3010-201 **Volume:** 5:6 **Month of:** MAY 1981

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		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels										2					
	Phillips															1
	Roosevelt												1		1	5
	Sheridan										3					
	Valley										1					
DISTRICT 2	Dawson															1
	Garfield															
	McCone															
	Prairie															
	Richland										3					
	Wibaux															
DISTRICT 3	Carter										1					
	Custer												1			
	Fallon															
	Powder River															
	Rosebud															4
	Treasure															
DIST. 4	Blaine															2
	Hill											1			1	1
	Liberty															
DISTRICT 5	Cascade				2								1			6
	Chouteau															
	Glacier				3											
	Pondera	1														3
	Teton															
	Toole															
DISTRICT 6	Fergus							1								
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland							1								
DISTRICT 7	Big Horn												3	1		3
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone			1	7								2			23
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark															3
DIST. 9	Gallatin												3			
	Meagher															
	Park															1
DISTRICT 10	Flathead															3
	Lake															
	Lincoln												1			
	Sanders															
DIST. 11	Mineral															
	Missoula			1	1				1			1	13	1		11
	Ravalli															1
DISTRICT 12	Beaverhead															1
	Deer Lodge															1
	Granite															
	Madison			2												
	Powell															
	Silver Bow			2					1	5			2			1
MONTHLY TOTAL	19 81	1		6	13			2	2	5	10	2	27	2	2	71
	19 80	2	2	5	11	5		1	8		6	19	7	2		126
	19 79			5	34		6			5	2	16	8	27	2	154
TOTAL TO DATE	19 81	3		56	42	9		5	5	6	50	3	62	6	22	555
	19 80	4	5	18	84	11	1	2	48	1	9	22	26	13	11	564
	19 79	2	2	27	83	8	49	4	5	11	4	56	28	58	13	817

DELAYED REPORTS:

OTHER DISEASES:

2 Bacterial Meningitis - Missoula & Madison;
2 Tularemia - Big Horn
2 Toxic Shock - Beaverhead & Missoula

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MEASLES IN MIGRANT POPULATIONS

Since January 1981, over 180 cases of measles have been reported from Texas. Almost half of these cases have been in children under 15 months, below the age at which measles vaccine is routinely recommended. High hospitalization and pneumonia rates have resulted.

The largest population of migrant workers in the U.S. reside in south Texas during the winter months, and the migrants have been recently moving north into other areas including Montana.

We urge following the recommendations of the Public Health Service Immigration Practices Advisory Committee for the control of measles during periods of increased transmission.

1. All migrant infants 6 to 11 months of age (up to the 1st birthday) should receive one dose of single antigen measles vaccine; these infants must be revaccinated at 15 months with MMR vaccine.
2. Migrant children 12 months of age should receive the MMR vaccine and need not be revaccinated.
3. Unvaccinated migrant children over 12 months of age should also receive MMR.

The National Migrant Referral Project Inc., maintains in Austin, Texas, a data system which includes immigration histories and morbidity data on migrant individuals.

Rick Crankshaw, Montana Immigration Program Co-ordinator, has been authorized in this state to co-ordinate access to this system for measles control purposes. To locate an individual in the system, the following information will be necessary:

1. Individual's full name
2. Date of birth, or age
3. Sex
4. Parent's name(s) -- Last (if different) and First
5. Home base address
6. Next destination (optional)

When reporting suspect measles cases to this bureau, be prepared to give case information such as onset date, symptoms, etc. To report immunizations given to migrants or their dependents, give vaccine type and date administered. (Report only current immunizations, not previous histories.)

Your interest and cooperation are most appreciated.

RHEUMATIC FEVER PROGRAM

The Rheumatic Fever Penicillin Prophylactic Program, a program of the State Department of Health and Environmental Sciences, Preventive Health Services Bureau, will be discontinued August 1, 1981. This action has become necessary due to funding restraints. Those persons currently being served by this program will be assisted in finding an alternative service.

U.S. PUBLIC HEALTH SERVICE EPIDEMIOLOGY TRAINING PROGRAM - 1982

The U.S. Public Health Service (USPHS) invites applications for a proposed extension of a training program in medical epidemiology. Twelve persons per year, who already have an M.D. or a doctorate in an allied health profession may be accepted. Further details of the program, and application forms, may be obtained from:

Robert S. Gordon, Jr., M.D., M.H.S.
Special Assistant to the Director, NIH
National Institutes of Health
Building 1, Room 238
Bethesda, Maryland 20205

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		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels										3					
	Phillips										1					
	Roosevelt															4
	Sheridan										2					
	Valley										3					
DISTRICT 2	Dawson															
	Garfield															
	McCone										1					
	Prairie										1					
	Richland												1			
	Wibaux															
DISTRICT 3	Carter															
	Custer															5
	Fallon															1
	Powder River															
	Rosebud															2
	Treasure															
DIST. 4	Blaine															4
	Hill	3									1					1
	Liberty															
DISTRICT 5	Cascade				1	1								1		26
	Chouteau															
	Glacier															5
	Pondera															
	Teton										1					
	Toole										1					
DISTRICT 6	Fergus				1											2
	Golden Valley															
	Judith Basin															
	Musselshell															1
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															2
	Carbon			3												
	Stillwater															
	Sweet Grass															
	Yellowstone	1		1	3						2					36
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark			2	3											9
DIST. 9	Gallatin												2			5
	Meagher															
	Park									1						
DISTRICT 10	Flathead															2
	Lake					1							1			2
	Lincoln				1											
	Sanders															1
DIST. 11	Mineral													2		
	Missoula			2					1			1	3	1		14
	Ravalli															
DISTRICT 12	Beaverhead															1
	Deer Lodge												1			1
	Granite															
	Madison															
	Powell					1					1					
	Silver Bow							1							1	1
MONTHLY TOTAL	19 81	4		8	9	3		1	1	1	17	1	8	4	1	125
	19 80			3	5				2		3	12	3	2	3	110
	19 79	5	1	9	7	2	2	2				6	2	11	4	132
TOTAL TO DATE	19 81	7		64	51	12		6	6	7	67	4	70	10	23	681
	19 80	4	5	21	89	11	1	2	50	1	12	34	29	15	14	675
	19 79	7	2	36	90	10	51	6	5	11	4	30	30	69	17	949

DELAYED REPORTS:

2 Hepatitis A - Lewis & Clark

OTHER DISEASES:

2 Bacterial Meningitis-Cascade & Missoula; 1 Colorado Tick Fever-Ravalli; 5 Rocky Mtn. Spotted Fever-Ravalli; Musselshell; Missoula; Big Horn; Park; 1 Kawasaki's-Missoula; 1 Legionnaire's-Ravalli; 1 Early Latent Syphilis Custer; 1 Latent Military Syphilis-Cascade

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COLLECTION FOR DIAGNOSIS OF HERPES SIMPLEX VIRUS (HSV) IN GENITAL INFECTIONS [1]

Tests Available

The Virology Section currently tests for HSV antibody by the complement-fixation (CF) test and for the virus in clinical material by the inoculation of cell culture. Both procedures are equally useful when the patient has a primary infection due to HSV of either serotype 1 or 2. However, once the patient has pre-existing antibodies to HSV, a recurrent infection or even a primary infection with the other serotype will not necessarily result in a significant rise in antibody titer. In attempting to diagnose HSV genital infections, the test of choice is usually the virus isolation procedure.

Collection of Material for Virus Isolation

A possible HSV infection is suspected when the patient exhibits numerous vesicles and/or ulcerations of the mucous membranes and skin of the genitalia. However, the majority of HSV infections may be less severe even in primary cases and the lesions may be confined to the cervix of a female patient who is asymptomatic. Recurrent lesions are fewer in number and of shorter duration than primary lesions. The duration of excreting virus from these lesions may vary from 3-5 days in a recurrent case to 3-4 weeks in a primary case. Hence, when material is collected for virus isolation, it should be collected as early as possible from areas most likely to contain viable virus. Vesicle fluid is the best source of virus and as the lesions heal, the rate of virus recovery decreases.

1. Select mature vesicles and aspirate the fluid using a 26 or 27 gauge needle attached to a tuberculin syringe. Rinse the aspirated fluid in .2ml. transport medium provided by the virus section. An alternative procedure is to carefully lance the vesicles and then gently blot up the vesicular fluid with a sterile dry swab which is then placed in a tube containing a small amount of same transport medium. If intact vesicles are no longer present, it may still be possible to recover infective virus by swabbing lesions which have not crusted or dried.
2. The samples should be shipped to the Virology Section in a cool but not frozen condition at the earlies possible date.

PNEUMOCOCCAL VACCINE WARNING [2]

Merck, Sharp and Dhome (MSD) manufacturers of Pneumovax Pneumococcal Vaccine, warns that recent studies show a relationship between immunization with pneumococcal polysaccharide vaccine and an increase in pre-existing anti-A antibodies. Vaccination of premenopausal women presents the theoretical risk of ABO hemolytic disease of the newborn infant.

The problem was in the culture medium, according to a MSD spokesman, and has now been eliminated from all reformulated Pneumovax manufactured after July 1, 1981. Pneumovax dated prior to July 1, 1981, may continue to be administered to indicated male and postmenopausal female patients but it SHOULD NOT BE ADMINISTERED TO PREMENOPAUSAL FEMALES OF ANY AGE.

INITIAL TREATMENT OF TB FOR INDOCHINESE [3]

Previous reports have suggested that resistance to antituberculosis drugs, particularly INH and SM, is much more common in Asia than in North America. The fact that a large proportion of isolates were drug resistant in these 4 surveys emphasizes the importance of earlier recommendations, namely, that specimens should be obtained for culture and drug-susceptibility tests from all Indochinese patients with tuberculosis in the United States and that initial treatment should consist of INH, RIF and EMB until results of the drug-susceptibility tests are known. Although some refugees may have organisms resistant to 2 (or even all 3) of these drugs, adding other antituberculosis drugs to the initial treatment regimen for all such patients is not recommended because of the increased possibility of toxic reactions.

1 Lab Gab Newsletter, June 1981 Vol. X No. 2, Maine Public Health Lab

2 Boyer, et al, J. Ped, 98:374-8, 1981

3 MMWR, June 12, 1981, pg. 274

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		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels										2					1
	Phillips															1
	Roosevelt															5
	Sheridan										1					
	Valley															2
DISTRICT 2	Dawson												1			
	Garfield															
	McCone															1
	Prairie															
	Richland										1					1
	Wibaux															
DISTRICT 3	Carter															
	Custer															1
	Fallon															
	Powder River															
	Rosebud										1				1	6
	Treasure															
DIST. 4	Blaine												2			1
	Hill	1		1							2			2		2
	Liberty															
DISTRICT 5	Cascade	1														28
	Chouteau															
	Glacier			1												9
	Pondera															
	Teton															
	Toole										1					1
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				2	1										1
	Carbon			1												
	Stillwater															
	Sweet Grass															
	Yellowstone			2					1				5	2		31
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark			1	1	1			1				2			15
DIST. 9	Gallatin															11
	Meagher															
	Park	1														
DISTRICT 10	Flathead															9
	Lake			1												5
	Lincoln															2
	Sanders				1											
DIST. 11	Mineral															1
	Missoula			2		1								4		17
	Ravalli															
DISTRICT 12	Beaverhead			2												1
	Deer Lodge															3
	Granite															
	Madison															
	Powell															1
	Silver Bow			1												6
MONTHLY TOTAL	1981	3		12	4	3			2		8		10	8	1	162
	1980			17	12	2			1		16	7	38	4	4	152
	1979				9	2	2		5		1	3	4	32	5	165
TOTAL TO DATE	1981	10		78	57	16		6	8	7	75	4	80	18	22	860
	1980	4	5	38	104	13	1	2	53	1	28	41	67	19	18	827
	1979	7	2	36	99	12	53	6	10	11	5	66	34	101	22	1114

DELAYED REPORTS:

2 Giardia-Missoula & Deer Lodge;1 Hepatitis B-Sanders; 1 RMSF-Missoula;1 Toxic Shock-Yellowst.

Delete 1 TB-9th Week(1-26-81)

OTHER DISEASES:

1 Bacterial Meningitis-Valley;1 Colorado Tick Fever-Ravalli;1 Malaria-Silver Bow;5 RMSF-2 Msla., 1 Beaverhead; 1 Deer Lodge; 1 L&C; 1 Tularemia-Big Horn; 2 sec. syphilis-Roosevelt &Yellowstone; 1 early latent syphilis-Cascade; 3 late latent syphilis-Deer Lodge, Flathead; and Cascade mil.

INFLUENZA HIGHLIGHTS

Montana will not have a statewide Influenza Immunization Program for the 1981-82 flu season, and it appears unlikely that funding will be available for this program in the foreseeable future.

Surveillance of influenza activity in Montana will be quite limited. The fourteen schools and school districts that have submitted absenteeism information to this Bureau over the past few flu seasons have been advised to discontinue that reporting at least temporarily. Similarly, three hospital emergency rooms will not be reporting or be contacted regarding their weekly flu activity. Since influenza is no longer a reportable disease in Montana, it will obviously be much more difficult to determine influenza activity and/or predict trends. However, an epidemic of influenza must be reported to the local health officer and, in that way, we hope to be able to identify and laboratory confirm actual influenza.

The Food and Drug Administration and the Centers for Disease Control advise the use only of the vaccine prepared for the 1981-82 season. The antigen content of influenza virus vaccine has been recently increased from 7 μg. to 15 μg. of hemagglutinin of each of the component strains--A/Brazil/78 (H_1N_1), A/Bangkok/79 (H_3N_2), B/Singapore/79--per 0.5 ml. dose.

The following table summarizes vaccine and dosage recommendations by age group for 1981-82:

INFLUENZA VACCINE* DOSAGE, BY AGE[1]

Age Group	Product	Dosage (ml)	Number of doses
29 years and older	whole virion (whole virus) or subvirion (split virus)	0.5	1
13-28 years	whole virion (whole virus) or subvirion (split virus)	0.5	2†
3-12 years	subvirion (split virus)	0.5	2†
6-35 months‡	subvirion (split Virus)	0.25	2†

*Contains 15 g each of A/Brazil/78, A/Bangkok/79, and B/Singapore/79 hemagglutinin antigens in each 0.5 ml.

†4 weeks or more between doses; both doses essential for good protection, unless the individual received at least 1 dose of 1978-79, 1979-80, or 1980-81 vaccine. In the latter instance, 1 dose is sufficient.

‡Based on limited data. Since the likelihood of febrile convulsions is greater in this age group, special care should be taken in weighing relative risks and benefits.

VIRAL TESTING

The viruses that cause CNS Infections (Meningitis Encephalitis, etc.) can be identified by collecting the following specimens: An acute and convalescent serum is needed to test for Herpes simplex and the Encephalitis viruses (Western Equine, St. Louis and California). A fecal specimen and a CSF tap are needed to test for the many enteroviruses that affect the CNS. These should be sent in a cold condition and sent as rapidly as possible to the virus lab. Throat specimens are also suitable but must be collected within 72 hours of onset. Stool specimens and CSF can be collected for a longer time after onset, but chances of recovering the virus diminish the longer the time after onset becomes.

Virus Section, Microbiology Laboratory Bureau
Montana Department of Health & Environmental Sciences
Cogswell Building
Helena, Montana 59620 (406) 449-2642

1 MMWR, July 19, 1981, p. 281.

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DISTRICT 1	Daniels										1					
	Phillips										2					
	Roosevelt														2	1
	Sheridan										2					
	Valley															
DISTRICT 2	Dawson															
	Garfield															
	McCone															
	Prairie															
	Richland															
	Wibaux															1
DISTRICT 3	Carter															
	Custer								1							3
	Fallon															
	Powder River															
	Rosebud			1									3			8
	Treasure															
DIST. 4	Blaine															1
	Hill	1		1											1	5
	Liberty															
DISTRICT 5	Cascade	1			1			1			1		4			9
	Chouteau												1			
	Glacier															6
	Pondera			2												
	Teton															
	Toole										1					
DISTRICT 6	Fergus															3
	Golden Valley															
	Judith Basin															
	Musselshell										1					
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				2	1										
	Carbon			1							1					1
	Stillwater															1
	Sweet Grass															
	Yellowstone	1			1	1			1				1			26
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark				8						1					4
DIST. 9	Gallatin		1										1			3
	Meagher															
	Park			1												
DISTRICT 10	Flathead	1												1		10
	Lake															1
	Lincoln															2
	Sanders															
DIST. 11	Mineral															2
	Missoula			3	1											20
	Ravalli										1					3
DISTRICT 12	Beaverhead															
	Deer Lodge												1			
	Granite															
	Madison															
	Powell														1	
	Silver Bow				1						1		2			
MONTHLY TOTAL	1981	4	1	9	14	2		1	2		12		13	1	5	117
	1980	3		9	11	1			2	1	3	1	11	6	2	161
	1979	11		6	8	1		1		2	3	4	8	1	5	186
TOTAL TO DATE	1981	14	1	87	71	18		7	10	7	87	4	93	19	27	977
	1980	9	3	49	116	14		3	55	3	33	43	133	26	20	971
	1979	18	3	42	108	13		7	10	13	8	69	42	102	27	130

DELAYED REPORTS:

2--Giardia: Missoula County

2--Hepatitis A, Lewis & Clark County

1--Mening. Disease: Silver Bow County

3--Salmonella: 2--Rosebud County, 1--Powell County

OTHER DISEASES:

PREVENTIVE MEASURES FOR HYPERTENSION CONTROL

An estimated 25-35 million Americans, one in five adults, have high blood pressure or hypertension. Hypertension increases susceptibility to heart attacks and strokes, the first and third leading causes of death for adults in the United States, as well as accounting for 20,000 deaths each year.

Most people with high blood pressure have essential, or primary, hypertension. As this designation indicates, the causes of this disease are not yet well defined. Current evidence indicates that by identifying a tendency toward high blood pressure in the child, we can encourage use of preventive measures aimed at eliminating or alleviating hypertension problems later in life.

Those factors which indicate a risk for hypertension developing later in life are obesity, a family history of hypertension, high dietary salt intake, black racial origin, rapid heart rate, cigarette smoking, and heavy drinking.

All factors associated with risk of hypertension should be considered in monitoring and counseling children or adolescents with blood pressure in the high percentiles for their age and sex.

The National Heart, Lung and Blood Institute Task Force on Blood Pressure Control in Children recommends annual measurement of blood pressure in children who are 3 or more years old. Children of a hypertensive parent(s) should be kept under blood pressure surveillance and guided in regard to life-style, minimizing risks of future hypertension and its complications through weight control with a fat modified diet, moderation in salt intake, regular frequent exercise and avoidance of cigarette smoking and alcohol.

The Task Force does not recommend that mass community high blood pressure screening programs be instituted for children and adolescents. The primary screening source for children should be the physician office during routine preventive health exams or the well child clinic.

For further information regarding children and high blood pressure contact Martha Bohlken, Preventive Health Services, Montana Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620.

INFLUENZA SURVEILLANCE

The annual influenza season encompasses a period approximately 30 weeks long, beginning near the end of September. If you suspect influenza among your patients the State Health Department will provide virus isolation kits. Patients displaying an acute respiratory illness, abrupt fever over 100° F, myalgias and cough should be suspected of having influenza. Virus isolation kits and directions for specimen collection can be obtained by calling the lab at 449-2642.

CCDM NOW AVAILABLE

The 13th edition of Control of Communicable Diseases in Man is now available from APHA. This handbook for communicable disease control is updated every 5 years, so this is the 1980 edition. Ordering information may be obtained by contacting The American Public Health Association, 1015 Eighteenth Street NW, Washington, D.C., 20036.

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DISTRICT 1	Daniels															
	Phillips															1
	Roosevelt			1												7
	Sheridan										1					
	Valley															6
DISTRICT 2	Dawson															
	Garfield															
	McCone															
	Prairie															
	Richland				1											3
	Wibaux															
DISTRICT 3	Carter															
	Custer															7
	Fallon										1					
	Powder River															
	Rosebud				1											4
	Treasure															
DIST. 4	Blaine															2
	Hill			1												2
	Liberty			1												3
DISTRICT 5	Cascade				2											22
	Chouteau															
	Glacier															5
	Pondera															
	Teton															
	Toole					1										
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															1
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1								1	2		5
	Carbon			1							1					1
	Stillwater										1					
	Sweet Grass															
	Yellowstone	2		1												30
DIST. 8	Broadwater															
	Jefferson										1					
	Lewis & Clark														1	7
DIST. 9	Gallatin							1			2					7
	Meagher															
	Park		1													
DISTRICT 10	Flathead															12
	Lake															5
	Lincoln															1
	Sanders															2
DIST. 11	Mineral															
	Missoula										1					11
	Ravalli										1					
DISTRICT 12	Beaverhead															
	Deer Lodge															
	Granite															
	Madison															
	Powell															
	Silver Bow										1					3
MONTHLY TOTAL	19 81	2	1	5	5	1	–	1	–	–	10	–	1	2	1	147
	19 80	1	–	15	6	–	–	–	–	–	14	2	4	–	7	70*
	19 79	3	–	8	12	–	–	4	–	–	–	–	8	6	–	202
TOTAL TO DATE	19 81	16	2	94	71	18	–	7	10	7	92	4	95	19	32	1045
	19 80	10	5	111	123	14	2	3	55	3	47	45	137	26	28	1040*
	19 79	28	4	51	118	12	53	16	10	13	5	65	56	111	23	1540

DELAYED REPORTS:
1 Giardia-Madison County
1 Salmonella-Deer Lodge County

OTHER DISEASES:
Delete 1 Hepatitis A (Week 33)--changed to Cholangitis, Hepatic Abscesses, and valve obstruction--Missoula County.

* Partial Data Available

PRIORITIES IN TUBERCULIN TESTING IN MONTANA*

WHO GETS TB: Recommendations about tuberculin testing change over time, because of changes in current knowledge and changes in the epidemiology of the disease. In recent years, tuberculosis in Montana has become predominantly a disease of four groups: the elderly (through reactivation), American Indians, middle-aged alcoholic men, and recent immigrants.

TB IN CHILDREN: Tuberculosis in children in recent years has been confined almost entirely to American Indians, foreign-born children, and children exposed to known active cases of tuberculosis. Of course, positive skin tests in young children, even with normal chest X-rays, are of concern because of the increased likelihood of disseminated disease under age 2.

PRIORITIES: We provide the following list of priorities in tuberculin (PPD) testing in Montana:

1. Contacts of persons infected with disease (active cases).
2. Certain groups of high-risk children:
   - Children of Southeast Asian refugees
   - Children of migrant workers
   - Children born in Mexico or other third-world countries where tuberculosis remains common
   - American Indian children
3. Family members of children with positive skin tests (essentially to look for a source case).
4. Adults under age 35 in certain high-risk groups, mostly foreign-born:
   - Southeast Asian refugees on first arrival
   - Migrant workers and foreign-born persons if never tested before
5. Certain groups of moderate-risk children:
   - Children entering school (kindergarten of first grade) in any school where previous entering classes have been over 1% positive (usually in counties with high American Indian populations)
   - 12-month-old children living in a household with a known skin-test positive person (including treated or inactive tuberculosis cases)
6. Hospital, nursing home, child-care, and school employees.

SUPPLEMENTARY STATEMENT OF RABIES VACCINE AND SEROLOGIC TESTING+

At its meeting on October 15, 1981, the Immunization Practices Advisory Committee (ACIP) reviewed data on seroconversion in persons properly vaccinated with HDCV; the data showed that 100% of vaccinees (510/510) had protective antibody levels following pre-exposure treatment, and following post-exposure treatment, 99.9% (1,299/1,300) had protective antibody levels. The ACIP now sees no reason to continue routine serologic testing of persons who receive the recommended pre-exposure or post-exposure treatment regimens of HDCV, i.e., pre-exposure: 3 intramuscular, 1.0-ml doses on day 0, 7, and 21 or 28; post-exposure: rabies immune globulin plus 5 intramuscular, 1.0-ml doses on days 0, 3, 7, 14, and 28.

The ACIP believes that routine serologic testing is no longer necessary following booster doses of HDCV for persons given the recommended primary HDCV vaccination or those shown to have had an adequate antibody response to primary vaccination with duck embryo vaccine (DEV) or other rabies vaccines.

Serologic testing is still recommended for persons vaccinated with DEV or those whose immune responses might be diminished.

Effective November 30, 1981, CDC will no longer test serum for rabies antibody except in persons vaccinated with DEV or suspected of being immunocompromised.

13TH EDITION OF CONTROL OF "COMMUNICABLE DISEASES IN MAN"

The 13th edition of Control of Communicable Diseases in Man is not available from Preventive Health Services Bureau. It can be ordered from American Public Health Association Distribution Center, 2449 Linden Lane, Silver Spring, Maryland 20910, (202) 789-5666/5667, at a price of $7.50.

*Adapted from Traylor et al, "Colorado Disease Bulletin," Vol. No. VIII, Issue No. 10, March 8, 1980.
+Adapted from MMWR, Vol. 30, No. 42, pp. 535-536.

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HSB-3010-201 Volume: 5:11 Month of: October, 1981

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		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels										2					
	Phillips										1					1
	Roosevelt															1
	Sheridan															
	Valley															3
DISTRICT 2	Dawson															1
	Garfield															
	McCone										1					
	Prairie															
	Richland															2
	Wibaux															
DISTRICT 3	Carter															
	Custer										1					5
	Fallon															
	Powder River															
	Rosebud	1														7
	Treasure															
DIST. 4	Blaine															4
	Hill			1									1	1		7
	Liberty															
DISTRICT 5	Cascade															22
	Chouteau															
	Glacier															3
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															1
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn													1		8
	Carbon										1					
	Stillwater															
	Sweet Grass															
	Yellowstone								1				1			28
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark				2											6
DIST. 9	Gallatin															11
	Meagher															
	Park															1
DISTRICT 10	Flathead															4
	Lake			1												1
	Lincoln										1					1
	Sanders										1					
DIST. 11	Mineral															1
	Missoula			9												15
	Ravalli														1	1
DISTRICT 12	Beaverhead															
	Deer Lodge														1	2
	Granite															
	Madison															
	Powell															
	Silver Bow															6
MONTHLY TOTAL	19 81	1	-	11	2	-	-	-	1	-	8	-	2	2	2	142
	19 80	-	-	9	2	2	-	-	3	-	6	-	18	2	1	*
	19 79	-	-	4	20	-	1	1	-	-	-	1	9	2	3	200
TOTAL TO DATE	19 81	19	2	119	79	20	1	8	12	7	107	4	102	21	34	1,272
	19 80	12	10	124	127	17	2	3	58	3	53	45	154	28	30	1,041
	19 79	30	6	58	142	14	56	11	10	13	8	66	66	113	33	1,740

DELAYED REPORTS: Aseptic Meningitis--2-Lewis & Clark, 1-Prairie, 1-Park. Giardia--2-Missoula. Hepatitis A--4-Big Horn, 7-Lewis & Clark, 1-Rosebud, 1-Yellowstone. Rabies in Animals--1-Fallon, 1-Custer, 1-Ravalli, 1-Petroleum. Salmonella--1-Lewis & Clark, 4-Fallon, 1-Wibaux. Shigella--2-Hill, 4-Big Horn.

OTHER DISEASES: Legionella--1-Flathead

*-not available

INFLUENZA, 1981 - 1982

It is quite difficult to predict what kind of an influenza season we will have next year. Last year, Montana had experience with a strain that was similar to type A/Taiwan/79 and A/Bangkok/79 (both H_3N_2). It is likely that the same strain will appear this year or we might have A/Brazil/78 (H_1N_1). Both strains are incorporated in this year's influenza vaccine along with B/Singapore/79. It is thought that influenza viruses cause only about 10% of influenza-like illnesses during non-epidemic years and 15% to 20% during epidemic years.

The department's Laboratory is interested in receiving throat washings from patients suspected of having influenza to identify the specific virus. This is particularly true early in the season.

THANK YOU

The Montana Childhood Immunization Program would like to thank all those involved with the School Immunization Law. Your hours filling out forms, traveling from school to school, seeing many additional patients, and much more have paid off. The school children are now well-immunized. You gave the children in your area a terrific Christmas gift--YOU lessened their chance of ever getting an immunizable disease. Thank you very much. Have a peaceful and joyous holiday season.

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Volume: 5:12 Month of: November, 1981

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DISTRICT 1	Daniels										1					
	Phillips															
	Roosevelt															3
	Sheridan															
	Valley										1					1
DISTRICT 2	Dawson															
	Garfield															
	McCone										2					
	Prairie										1					
	Richland															2
	Wibaux															
DISTRICT 3	Carter															
	Custer															5
	Fallon															
	Powder River															
	Rosebud															3
	Treasure															
DIST. 4	Blaine															
	Hill								1							4
	Liberty															
DISTRICT 5	Cascade															20
	Chouteau															
	Glacier			1		1								1		7
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1											
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone															29
DIST. 8	Broadwater															
	Jefferson										1					
	Lewis & Clark															6
DIST. 9	Gallatin			2									1			4
	Meagher															1
	Park															1
DISTRICT 10	Flathead							1								12
	Lake															5
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula			9									1			15
	Ravalli															
DISTRICT 12	Beaverhead															
	Deer Lodge															2
	Granite															
	Madison															
	Powell					1										
	Silver Bow														1	1
MONTHLY TOTAL	1981	0	0	12	1	2	0	1	1	0	6	0	2	1	1	121
	1980	3	0	16	2	0	0	0	0	0	0	0	4	2	1	125
	1979	2	0	1	4	4	0	3	1	1	0	(-3)	1	19	3	178
TOTAL TO DATE	1981	19	2	131	80	22	1	9	13	7	113	4	104	22	35	1,393
	1980	17	10	164	143	18	2	5	61	3	58	45	166	32	33	1,508
	1979	34	9	61	164	22	56	16	0	14	8	68	75	144	40	2,086

DELAYED REPORTS: Encephalitis--1, Silver Bow; Giardia--2, Hill; 1, Lake; 2, Missoula; 1, Carbon; 1, Blaine; 1, Flathead; 3, Glacier. Hepatitis B--1, Silver Bow. Mumps--1, Missoula. Pertussis--1, Hill. Salmonella--1, Big Horn; 1, Lewis & Clark; 2, Hill; 1, Missoula; 1, Wibaux; 1, Cascade; 1, Yellowstone. Shigella--1, Gallatin; 1, Park; 1, Roosevelt. Bacterial Meningitis--1, Gallatin.

OTHER DISEASES: Tularemia--1, Lincoln. Bacterial Meningitis--1, Gallatin; 1, Lake.

KEEP YOUR EYES OPEN FOR REYE'S

Reye's Syndrome is a disease which affects children from infancy through late adolescence. With the influenza and chicken pox season coming, we need to be alert to this disease entity. Early detection of Reye's Syndrome (before coma has set in) may halt the progression of the disease, prevent coma, and reduce case fatality.

The disease process begins with a prodromal respiratory illness. Usually this subsides and the child develops pernicious vomiting. If not treated, neurologic sequelae develop. Hence, it is important to intervene, early.

Reye's Syndrome is staged neurologically. In stage I, the child superficially appears normal, but is vomiting. In stage II, slurred speech progressing to agitated delerium occurs. In stages III, IV, and V, the child becomes comatose, with stage V signified by "brain death."

Blood Chemistry Values:

SGPT:----------ELEVATED.*
Ammonia:----------ELEVATED.
Bilirubin:----------NORMAL.

*The SGPT is almost elevated three times or more in noncomatose cases, and serves as an excellent screening test.

SO:

1) Be on the lookout for Reye's Syndrome during the winter months, when influenza-like respiratory illness is prevalent.
2) If a child with chicken pox begins vomiting, suspect Reye's.
3) If a child exhibits persistent vomiting or a parent's anxiety about the vomiting of a child seems unusual, seek information about the previous 1-2 weeks regarding chicken pox or influenza-like illness.
4) All patients who present with persistent vomiting within a week of respiratory illness or chicken pox should have a physical exam and SGPT done.
5) If the SGPT in (4) is elevated, call your pediatric consultant for assistance.

KEEP YOUR EYES OPEN FOR REYE'S.[1]

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MONTANA MORBIDITY REPORT

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Volume: 6:1 Month of: December, 1981

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DISTRICT 1	Daniels															
	Phillips															1
	Roosevelt															3
	Sheridan															
	Valley															2
DISTRICT 2	Dawson															1
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															2
	Fallon										1					
	Powder River															
	Rosebud															10
	Treasure															
DIST. 4	Blaine															1
	Hill							1					2		1	4
	Liberty			1												
DISTRICT 5	Cascade														1	20
	Chouteau															
	Glacier														2	11
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn										1					7
	Carbon														1	
	Stillwater															
	Sweet Grass															
	Yellowstone												1		1	42
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark															6
DIST. 9	Gallatin			2												5
	Meagher															
	Park															
DISTRICT 10	Flathead			1												6
	Lake															5
	Lincoln															
	Sanders															1
DIST. 11	Mineral															1
	Missoula			1												5
	Ravalli			1				1								
DISTRICT 12	Beaverhead															
	Deer Lodge															1
	Granite														1	
	Madison															
	Powell														1	
	Silver Bow															7
MONTHLY TOTAL	1982	-	-	6	-	-	-	2	-	-	2	-	3	-	8	142
	1981	1	-	6	5	3	-	1	-	-	5	-	11	-	6	90
	1980	-	-	2	15	1	-	1	15	2	-	-	2	5	2	103
TOTAL TO DATE	19															
	19															
	19															

DELAYED REPORTS: Encephalitis--1, Prairie (change of diagnosis from Aseptic Meningitis, reported as delayed in Nov., 1981); 1, Fallon; Giardia--2, Flathead; 9, Missoula;3, Gallatin; 2, Ravalli; 1, Yellowstone. Hepatitis A--2, Ravalli; 1, Missoula; 1, Cascade. Hepatitis B--1, Cascade; 1, Toole; 1, Yellowstone. Meningococcal Disease--1, Garfield; Salmonella--1, Rosebud; 1, Yellowstone; 1, McCone; 1, Lake; 2, Missoula; 1, Gallatin. Shigella--1, Glacier; 1, Hill.

OTHER DISEASES:

Bacterial Meningitis

Cascade	1
Gallatin	4
Garfield	1
Hill	1
Lake	1
Lewis & Clark	1
Madison	2
Missoula	4
Park	1
Ravalli	1
Sheridan	1
Valley	1
TOTAL	19

Botulism

Ravalli	1

Colorado Tick Fever

Missoula	2
Ravalli	4
TOTAL	6

Creutzfeldt-Jakob

Yellowstone	1

Diphtheria

Big Horn	1

Gonorrhea (Military)

Cascade	38
Hill	1
Lewis & Clark	1
Mineral	1
TOTAL	41

Kawasaki's Disease

Missoula	1

Legionella

Cascade	1
Flathead	1
Liberty	1
Missoula	1
Ravalli	1
TOTAL	5

Reye's Syndrome

Gallatin	1

Rocky Mountain Spotted Fever

Beaverhead	1
Big Horn	2
Deer Lodge	1
Lewis & Clark	1
Missoula	4
Musselshell	1
Park	1
Ravalli	1
TOTAL	12

Syphilis

Civilian

Cascade
- 1 primary
- 4 early latent < 1 year
- 1 early latent > 1 year
- 1 late latent

Custer
- 1 early latent < 1 year

Deer Lodge
- 1 late latent

Flathead
- 1 late latent

Missoula
- 1 late latent

Roosevelt
- 1 secondary

Silver Bow
- 1 late latent

Valley
- 1 early latent < 1 year

Yellowstone
- 1 secondary
- 1 early latent > 1 year

Military

Cascade
- 3 primary
- 1 secondary
- 2 early latent < 1 year
- 1 early latent > 1 year
- 1 late latent

Toxic Shock Syndrome

Beaverhead	1
Missoula	1
Yellowstone	1
TOTAL	3

Tularemia

Big Horn	4
Lincoln	1
Yellowstone	1
TOTAL	6

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HD 175 .H2m 6:5 March 1982 Annual Summ.

ANNUAL SUMMARY OF COMMUNICABLE DISEASES

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	CIVILIAN GONORRHEA
DISTRICT 1	Daniels								1		19					1
	Phillips										14					12
	Roosevelt			1							4		1		7	47
	Sheridan										13					
	Valley				1						6					22
DISTRICT 2	Dawson				1								2			6
	Garfield							1								
	McCone										4					1
	Prairie										2					1
	Richland				1						4		2	1		11
	Wibaux												2		1	
DISTRICT 3	Carter										3					
	Custer		1								2		1			35
	Fallon		1								3		4			1
	Powder River										1					
	Rosebud	1	1	1	5	2					1		6		1	64
	Treasure															
DIST. 4	Blaine			2							2		2		2	24
	Hill	5		7				1	1	5	4	1	6	6	3	33
	Liberty			3												3
DISTRICT 5	Cascade	3			11	2		1	1		1		9	1	1	154
	Chouteau	1											1			2
	Glacier			8	4	1								2	7	64
	Pondera	1		3												4
	Teton										2					1
	Toole					2					3					1
DISTRICT 6	Fergus				1			1								7
	Golden Valley															
	Judith Basin										2					
	Musselshell										1					3
	Petroleum										1					
	Wheatland							1								
DISTRICT 7	Big Horn				11	3					2		5	8		45
	Carbon			13							3				1	3
	Stillwater										1					2
	Sweet Grass															
	Yellowstone	4		6	21	5		1	3		2		18	3	1	345
DIST. 8	Broadwater														1	
	Jefferson			2							1					
	Lewis & Clark	2	2	9	26	2			1		2		4		1	90
DIST. 9	Gallatin			1	1			1		1	2	1	8	1		69
	Meagher															1
	Park	2	1	1						1			1	1		5
DISTRICT 10	Flathead	1		4	3			2			4			1	1	76
	Lake		1	10		1			2				10		1	34
	Lincoln				1	1					1		1			7
	Sanders			1	1	1					1					5
DIST. 11	Mineral													2		4
	Missoula			50	4	1			3		1	1	26	9	2	185
	Ravalli			6	3			1			3				1	9
DISTRICT 12	Beaverhead			2									1			3
	Deer Lodge			1									4		1	19
	Granite														1	
	Madison			3									1			1
	Powell					2					1		2		1	3
	Silver Bow			14	3	2		1	1	5	2		6		1	40
TOTAL 1981		20	7	154	98	25	–	11	13	12	118	3	124	35	35	1443